

WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY  
**Operator Individual Training Report (ITR)**

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**Part 1: Operator and Employer/owner information (complete on-site)**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone - Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Operator ID (5 digits): \_\_\_\_\_ Operator's signature: \_\_\_\_\_

**Part 2: Course Information (complete on-site)**

Course Name: \_\_\_\_\_ DEQ #: \_\_\_\_\_

Location: \_\_\_\_\_ Date of Training: \_\_\_\_\_

Length of training (to the nearest ½ hour): \_\_\_\_\_

Please select **one** area **only**:

\_\_\_\_\_ Water (W)

\_\_\_\_\_ Wastewater (WW)

\_\_\_\_\_ Distribution (D)

\_\_\_\_\_ Collection (C)

Training Sponsor/Provider: \_\_\_\_\_ Date of training: \_\_\_\_\_

Instructor: \_\_\_\_\_ Instructor's signature: \_\_\_\_\_

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Please print form and email to: [opcert@wyo.gov](mailto:opcert@wyo.gov) If unable to submit by e-mail:

**Fax to:** 307-777-6779

**Mail to:** Operator Certification - Water Quality Division

122 West 25th Street

Herschler Building 4W

Cheyenne, WY 82002